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**\*BIBDATASHEET\*****CONFIRMATION NO. 6005**

Bib Data Sheet

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/675,472 | <b>FILING OR 371(c) DATE</b><br>09/30/2003<br><b>RULE</b> | <b>CLASS</b><br>714 | <b>GROUP ART UNIT</b><br>2113 | <b>ATTORNEY DOCKET NO.</b><br>60046.0026USU1 |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/416,123 10/04/2002 *MD*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***

**\*\* 12/23/2003**

|  |   |                             |                           |                                |
|--|---|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>GA           | <b>SHEETS DRAWING</b><br>15 | <b>TOTAL CLAIMS</b><br>20 | <b>INDEPENDENT CLAIMS</b><br>3 |
| 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met |   |                             |                           |                                |
| Verified and Acknowledged  | Examiner's Signature <i>[Signature]</i> | Initials <i>MD</i>          |                           |                                |

**ADDRESS**

53377

**TITLE**

Method and data structures for use in providing on-demand computer diagnostics

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>375 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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